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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100000001	(CITY OR TOWN	PRINCETO	ON
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	NIMROD LEAGUE	E OF HOLDEN INC.			
DOING BUSINESS A	Λ				
ADDRESS 168 COAL	L KILN RD.				
CITY/TOWN: PRIN	CETON	STATE: MA	ZIP CODE:	01541	
MANAGER: HORO	GAN, ROBERTTYP	E OF LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L THREE ROOMS, NO I hereby certify and sw 1. the renewed 2. the licensed	CELLAR. vear under penalties of the has complied with a		ame premises now		
SIGNED BY	Individual, Partner of	or Authorized Corpora	ate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT lividual Social So	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and the head	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 100000003		CI	TY OR TOW	N PRINCETO	JN
APPLICATION I	FOR RENEWAL:	Annual		LICI	ENSED FOR 2	013
		CLASS	}			YEAR
LICENSEE NAM DOING BUSINE ADDRESS HOU		rman's Club in	C.			
CITY/TOWN: P	RINCETON	STATE:	MA	ZIP CODE:	01541	
MANAGER: PI	ERRY, PAUL T	YPE OF LICENSE	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YO	OUR EMAIL	ADDRESS		
DESCRIPTION (OF LICENSED PREM	MISES:				
	LUB HOUSE - FIRST R & LOUNGE, KITO			POSE MEET	ING ROOM.	
I hereby certify ar	nd swear under penalt	ies of perjury that:				
1. the ren	newed license will be	of the same type fo	r the sar	ne premises no	ow licensed;	
2. the lice	ensee has complied w	ith all laws of the C	Common	wealth relatin	g to taxes; and	
3. the pre	emises are now open f	for business (If not	explain	below)		
SIGNED BY	Individual, Partı	ner or Authorized (Corporat	e Officer		
DATE:	TELEPHO	ONE NUMBER:			YER IDENTIFICAT	
Acts of 2004, sig	gned, attest that we a gned by the building and (2) the certificate	inspector and the	head of	the fire depa	rtment for the	above
Please Check Below:			I	LOCAL LICE	NSING AUTH	ORITY
APPROVED:			1	Ву:		
DISAPPROVED: (If disapproved ex						
(11 disappioved ex	xp1a111 <i>)</i>		•			
			•			
DATE:			•			
APPLICATION FOR RE	NEWAL MUST BE FILED B	Y LICENSEES DURING	ГНЕ МОПТ	'H OF NOVEMBER	R (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100000004	(CITY OR TOWN PRINC	ETON
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME:	W.A.B. CORPORAT	TION		
DOING BUSINESS A	SONOMA			
ADDRESS 206 WOR	CESTER ROAD			
CITY/TOWN: PRINC	CETON	STATE: MA	ZIP CODE: 01541	
MANAGER: BRAD A.	Y, WILLIAM TYPE	E OF LICENSE: Resta	nurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISE	ES:		
	ON WEST SIDE, O	NE EXIT THROUGH	ENTRANCE AND ONE H KITCHEN ON NORTH H	EAST SIDE
I hereby certify and sw	ear under penalties o	f perjury that:		
1. the renewed	l license will be of th	e same type for the sa	ame premises now licensed;	
2. the licensee	has complied with a	ll laws of the Commo	onwealth relating to taxes; a	nd
3. the premise	s are now open for b	usiness (If not explain	n below)	
SIGNED BY	Individual. Partner o	r Authorized Corpora	ate Officer	
	,			
DATE:	TELEPHONE	NIIMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
	TEELITIONE	TOMBLE.	(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, signed l	by the building insp	ector and the head	certificate required by Ch of the fire department for nnce required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	1)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

00000006		CITY OR TO	OWN PRINCET	ON
ENEWAL:	Annual	L	ICENSED FOR 2	.013
	CLASS			YEAR
IOUNTAIN BA	RN, INC.			
MOUNTAIN B	ARN REST.			
ESTER RD.N/S				
ETON	STATE: M	ZIP COD	DE: 01541	
LI, TY EN	YPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
ASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		
3 ROOM, AND	BAR AREA. SEC	OND FLOOR LO	FT, OUTDOOR	
ar under penaltie	es of perjury that:			
icense will be o	of the same type for	the same premise	s now licensed;	
as complied wi	th all laws of the Co	ommonwealth rela	ating to taxes; and	
are now open fo	or business (If not e	xplain below)		
ndividual, Partne	er or Authorized Co	orporate Officer		
TELEPHO	NE NUMBER:			
		(Note: Note:	<u>OT</u> Individual Social	Security Number)
y the building i	nspector and the h	ead of the fire d	epartment for the	e above
		LOCAL LI	CENSING AUTH	ORITY
		By:		
		-		
	ENEWAL: IOUNTAIN BA MOUNTAIN B ESTER RD.N/S ETON LI, TY EN ASE ALSO VISIT OUR EENSED PREM G ROOM, AND ar under penaltic license will be o has complied wi are now open for TELEPHO ttest that we are y the building i	ENEWAL: Annual CLASS GOUNTAIN BARN, INC. MOUNTAIN BARN REST. ESTER RD.N/S ETON STATE: M LI, TYPE OF LICENSE: ASE ALSO VISIT OUR WEBSITE AND ENTER YOU EENSED PREMISES: G ROOM, AND BAR AREA. SECO ar under penalties of perjury that: license will be of the same type for has complied with all laws of the Co are now open for business (If not e	ENEWAL: Annual CLASS IOUNTAIN BARN, INC. MOUNTAIN BARN REST. ESTER RD.N/S ETON STATE: MA ZIP COE LI, TYPE OF LICENSE: Restaurant EN ENSEALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS CENSED PREMISES: G ROOM, AND BAR AREA. SECOND FLOOR LO ar under penalties of perjury that: dicense will be of the same type for the same premise has complied with all laws of the Commonwealth relatare now open for business (If not explain below) Individual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMP (Note: Note: No	CLASS GOUNTAIN BARN, INC. MOUNTAIN BARN REST. ESTER RD.N/S ETON STATE: MA ZIP CODE: 01541 LI, TYPE OF LICENSE: Restaurant CATEGORY: EN CATEGORY: EN CATEGORY: CENSED PREMISES: GROOM, AND BAR AREA. SECOND FLOOR LOFT, OUTDOOR are under penalties of perjury that: dicense will be of the same type for the same premises now licensed; has complied with all laws of the Commonwealth relating to taxes; and are now open for business (If not explain below) Addividual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social: ttest that we are in possession (1) the certificate required by Chapter 11 LOCAL LICENSING AUTH



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	8000000		CITY OR TOV	VN PRINCET	ON
APPLICATION FOR RE	ENEWAL:	Annual	LIC	ENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NAME: RI DOING BUSINESS A			ORE		
ADDRESS 106 MAIN S	Т				
CITY/TOWN: PRINCE	ETON	STATE: MA	ZIP CODE	: 01541	
MANAGER: STUART RICHAR		OF LICENSE: F	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICE					
ONE ROOM STORE W ENTRANCE/EXIT ONT		REA IN THE RI	EAR AND WALK	IN COOLER; S	STORE
2. the licensee h	icense will be of the as complied with al are now open for bu	l laws of the Cor	nmonwealth relatio		
SIGNED BY	dividual, Partner or	Authorized Cor	porate Officer		
DATE:	TELEPHONE I	_ NUMBER:		YER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 100000009		CITY OR TOW	N PRINCETO	ON
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: JOHN RICHARI S A HARRINGTON ESTMINSTER ROA	N FARM COUNTR	Y INN		
CITY/TOWN: PR	RINCETON	STATE: M	A ZIP CODE:	01541	
	MBA, JOHN T CHARD JR.	YPE OF LICENSE:	Innholder	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR F LICENSED PREM	WEBSITE AND ENTER YOU IISES:	R EMAIL ADDRESS		
 the rene the licer 		of the same type for th all laws of the Co	the same premises no ommonwealth relating xplain below)		
SIGNED BY	Individual, Partn	er or Authorized Co	orporate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed by the building i	nspector and the h	the certificate requestant the certificate required business and the fire departments are required business.	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100000011		CITY OR TOWN	PRINCETON
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	J & W ENTERPR	ISES.LLC		
DOING BUSINESS A	WACHUSETT	WINE TRADER		
ADDRESS 206 WOR	CESTER RD			
CITY/TOWN: PRINC	CETON	STATE: M	A ZIP CODE:	01541
MANAGER: RICHA Y M.	TY ARDSON,AM	PE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMI	ISES:		
STRIP MALL UNIT L	OCATED AT 20	6 WORCESTEER		
	=	r business (If not ex	ommonwealth relating to	rtanes, and
	Individual, Partne	r or Authorized Co	rporate Officer	
DATE:	TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100000012		CITY OR TOWN	PRINCETO	ON
APPLICATION FOI	PPLICATION FOR RENEWAL: Annual LICENSED FOR			SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	JILL F. ZELLEY				
DOING BUSINESS	A MOUNTAINSI	DE MARKET			
ADDRESS 23 HUB	BARDSTON RD.				
CITY/TOWN: PRI	NCETON	STATE: MA	ZIP CODE:	01541	
MANAGER: ZELI	LEY, JILL F TY	YPE OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF		ISES: ED AT 23 HUBBARD	ACTION DD		
I hereby certify and s			OSTON RD.		
•	-	of the same type for the	same premises now	licensed:	
		th all laws of the Comm	•		
	=	or business (If not expla	=		
SIGNED BY					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE					
DATE:	TELEPHO!	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
			(1000. <u>1101</u> mu	ividuai Sociai S	ceurity (vumber)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ain)				
(11 disapproved expire	·····/				
DATE:					